



HONOLULU-PACIFIC FEDERAL EXECUTIVE BOARD

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March 1, 2005

To: Unaffiliated Charitable Organizations

From: FEB Executive Director

Subj: Application for 2005 Combined Federal Campaign

GENERAL INFORMATION:

Attached is the application to participate in the 2005 Hawaii-Pacific Area Combined Federal Campaign (CFC). Organizations must apply annually to participate in the CFC.

The CFC is the annual six-week fund-raising drive conducted during the fall of the year and is the only authorized solicitation of employees in the federal workplace on behalf of charitable organizations. All aspects of the CFC are strictly governed by federal regulations that are available on the Office of Personnel Management's (OPM) web site at www.opm.gov/cfc.

Organizations that apply and are eligible will be listed in the CFC brochure and will receive funds designated to the organization as well as a percentage of the undesignated funds contributed by federal employees.

INSTRUCTIONS FOR APPLYING:

Organizations that apply as a member of a federation must send their applications to the federation for review. Do not send the unaffiliated application directly to the FEB. If two applications are received, the federation application will not be considered. Federations must keep the applications of their member organizations on record for at least three completed campaign years. The Local Federal Coordinating Committee (LFCC) or OPM may request the full application of a member organization at any time.

For agencies that apply as a member of a federation, the LFCC will send all correspondence/communications including eligibility decisions directly to the federation. Federations are responsible for notifying their member agencies of eligibility decisions in a timely manner to meet deadline dates. Please check directly with your federation regarding your status.

Unaffiliated organizations not applying as a member of a federation must submit the application and all back-up documents directly to the FEB. The LFCC will mail all correspondence/communications directly to unaffiliated applicants.

If you are unsure of your status, please call the FEB at (808) 541-2637 or email the FEB at gareese@hpfeb.org for assistance.

DEADLINE DATE:

Mail or deliver the completed application and all back-up documents to the Federal Executive Board, 300 Ala Moana Boulevard, Room 8-125, Box 50268, Honolulu, Hawaii 96850 by **5:00 p.m. Hawaii Standard Time on FRIDAY, APRIL 15, 2005**. Applications postmarked by April 15 but received in the office after that date are late and will not be considered. Faxes or electronic submission of applications will not be accepted.

The FEB recommends that if the application is mailed you use return receipt requested or call the FEB at (808) 541-2637 to confirm the application was received.

APPEALS PROCESS:

Organizations that are found ineligible have one opportunity to appeal to the LFCC for reconsideration. If the LFCC finds the organization ineligible on appeal, the organization may appeal to the Director of the Office of Personnel Management. The Director's decision is final for administrative purposes.

Organizations that submit incomplete applications that are missing documents or that have out-of-date information will not be permitted to correct their applications during the appeals process. To ensure that your application is complete, please use the attached check-off sheet. The check-off sheet does not need to be returned with the application.

QUESTIONS/ADDITIONAL INFORMATION:

If you have any questions about the CFC or the application process, please call the FEB office at (808) 541-2637.

A handwritten signature in dark ink, appearing to read "Gloria Uyehara", written in a cursive style.

Gloria Uyehara

Attachments

- (1) 2005 CFC Local Unaffiliated and Federation Members Application
- (2) Information for Donor Brochure
- (3) Check-Off Sheet

**2005 HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
LOCAL UNAFFILIATED AND FEDERATION MEMBERS APPLICATION**

All unaffiliated organizations and members of a federation must complete this application annually.

NAME OF ORGANIZATION:

If the name of the organization is different from the name that appears on the IRS determination letter, IRS Form 990, audited financial statements or annual report, include official documentation from the IRS or state government authorizing name change.

ADDRESS:

Post office box addresses are not accepted. Only neighbor islands may list P.O. boxes.

TELEPHONE NUMBER:

NAME OF CONTACT PERSON:

CFC will direct all communication/correspondence to this person. This may be any individual in the organization.

ADDRESS OF CONTACT PERSON:

Complete if different from organization's address. Post office box addresses are not accepted. Only neighbor islands may list PO boxes. All correspondence will be sent to this address.

TELEPHONE NUMBER OF CONTACT PERSON:

FAX NUMBER OF CONTACT PERSON:

E-MAIL ADDRESS OF CONTACT PERSON:

ORGANIZATION'S WEB SITE ADDRESS:

DISBURSEMENT ADDRESS:

This is address where paper checks will be sent. P.O. boxes may be used.

Certifying Official:

Certifying official is the individual in the organization that has authority to affirm that all statements in application are accurate and true.

I, _____, am the duly appointed
(Name)

representative of _____
(Organization)

authorized to certify and affirm all statements enclosed in this application.

(Signature)

(Typed/Printed Name)

(Title)

(Date Completed)

Please read the application carefully and sign only if your organization fully meets the criteria. For certifications with more than one choice, check the appropriate box. Some of the certifications require back-up documents be attached with this application. All information must be specific to the applicant organization. Regional and/or national materials will not be accepted for local chapters.

1. Place a check in the one appropriate box:

- ☐ I certify that the organization named in this application has a substantial local presence in the geographical area covered by the local campaign.

Attach statement describing substantial local presence that includes physical street address of organization/office, specific days and hours of operation, dedicated telephone number of organization, etc.

Substantial local presence is defined as meeting all of the requirements listed below:

- Staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits (provide physical street address of office)
- Facility must be open at least 15 hours a week (provide specific days and hours office open)
- Telephone line dedicated exclusively to the organization (provide dedicated telephone number)

OR

- ☐ I certify that the organization named in this application has a substantial statewide presence.

Attach statement describing the services and activities provided to 30% of the target population in state OR activities covering 30% of the state's geographic boundaries.

Substantial statewide presence is defined as follows:

- Providing or conducting real services, benefits, assistance or program activities covering 30% of the state's geographic boundaries, **OR**
- Providing or conducting real services, benefits, assistance or program activities affecting 30% of the target population in the state.
- For statewide presence covering 30% of the state's geographic boundaries, organizations must provide service records or other evidence (i.e., visitor statistics, client or membership statistics, project results or clearly outlined maps) that show what portion of the geographic area is covered related to the total state geographic area.
- For statewide presence covering 30% of the targeted population, organizations that service special populations (i.e., persons with HIV or AIDS, adults requiring literacy, etc.) must provide an estimate (through population surveys, needs assessment studies, etc.) of the total target population eligible to receive the services together with a demonstration that its services affect 30% of that target population.
- It is helpful if the organization also provides a calculation that demonstrates it has met the 30% rule.
- Statewide presence cannot be met only on the basis of services provided through an "800" telephone number or the dissemination of information and publications.
- Organizations that rely substantially on web-based services must comply with the local eligibility and public accountability standards at 5 CFR 950.204. In addition, web-based service organizations must document proof that a service was actually provided over the website as a part of their application. Reports that only reflect the number of hits to a website are not acceptable evidence of real services.

Certifying Official's Signature: _____ **Date:** _____

2. I certify that the Internal Revenue Service recognizes the organization named in this application as tax exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170.

Attach copy of the organization's most recent IRS 501(c)(3) determination letter.

- *If the name of the organization is different from the name that appears on the IRS determination letter, organization must include official documentation from the IRS or state government authorizing name change.*
- *A local organization that is covered by a central parent organization's tax exemption must submit an IRS group exemption letter that specifies that all affiliated subordinate organizations under its control are also considered tax exempt under 26 U.S.C. 501(c)(3). Submitting an IRS letter for the parent organization that is not a group exemption letter is not acceptable and will result in denial of the local subordinate organization.*
- *It is not acceptable to submit a letter from the parent organization stating that its subordinates or affiliates are included in or covered by the IRS exemption.*
- *Interim 501(c)(3) letters with expiration dates before December 31, 2004, will be accepted only with proof of application to the IRS for permanent 501(c)(3) status.*

Certifying Official's Signature: _____ **Date:** _____

3. Place a check in the one appropriate box:

- ☐ I certify that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, state or federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h), **OR**
- ☐ I certify that the organization named in this application does not engage in lobbying or attempt to influence voting or legislation at the local, state or federal level.

Certifying Official's Signature: _____ **Date:** _____

4. I certify that the organization named in this application is a human health and welfare organization providing services, benefits, or assistance to, or conducting activities that directly or indirectly affect human health and welfare.

Attach statement that describes the programs, services, benefits, etc. provided by the organization and how those programs, services, benefits, etc. affect the health and/or welfare of the target population.

Certifying Official's Signature: _____ **Date:** _____

5. I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP).
- *Organizations with total revenue over \$100,000 (line 12 on IRS Form 990) must use the accrual method of accounting. Using cash basis, modified cash basis and modified accrual basis is not acceptable and will result in denial.*
 - *For organizations with total revenue over \$100,000, IRS Form 990, box "F" on page 1 must indicate organization uses accrual method.*
 - *Small agencies with annual revenues less than \$100,000 may use cash, modified accrual or modified cash methods of accounting.*

Certifying Official's Signature: _____ **Date:** _____

6. Place a check in the one appropriate box:

- ☐ I certify that the organization named in this application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant.

Attach a copy of the organization's annual audit that covers a fiscal period ending on or after June 30, 2003, OR

- ☐ I certify that the organization named in this application has annual revenue less than \$100,000 (line 12 on IRS Form 990) and therefore is not required to submit audited financial statements.

- *Regional or national audits are not accepted on a local basis because they do not break out individual figures for the applicant organization.*
- *Combined and consolidated audits are not accepted unless applicant's financial information is reflected in a separate audited combining or consolidating schedule that breaks out the information for the applicant.*
- *Audited financial statements must cover fiscal period ending on or after June 30, 2003.*

Certifying Official's Signature: _____ **Date:** _____

7. **Attach copy of IRS Form 990 including signature of officer and completed Schedule A.**

- *Complete IRS Form 990 includes all six pages, a signature on page 6 in the box marked "Signature of Officer," all statements referenced in the form and Schedule A.*
- *An officer or representative of the organization must sign the IRS Form 990 on page 6 in the block marked "signature of officer." The preparer's signature alone is not sufficient.*
- *A completed IRS Form 990 is required to be eligible for the CFC even if the IRS does not require your organization to file Form 990.*
- *IRS Form 990 must include list of the officers, directors, trustees and key employees and their compensation, if any (Part V on page 4). Organization will be denied if this information is not provided in Form 990.*
- *IRS Form 990EZ, 990PF, and comparable forms are not acceptable. However, smaller organizations that file Form 990EZ may submit it with completed pages 1 and 2 of the Form 990 attached.*
- *The IRS Form 990 must cover the fiscal period ending on or after June 30, 2003.*
- *IRS Form 990 and audit must cover the same fiscal period and both must be prepared using accrual basis of accounting if annual revenue is over \$100,000.*
- *If revenue and expense figures in audit and IRS Form 990 differ, these amounts must be reconciled either on IRS Form 990, Parts IV-A and IV-B (page 4) or by the independent certified public accountant that completed the audit in an accompanying signed statement. For reconciliation, filling out IRS Form 990, Parts IV-A and IV-B (page 4) is preferred.*
- *If the CPA that completed the audit is not available, another CPA within the same firm may provide the reconciliation and signed statement.*
- *If certain categories of revenues and expenses on the audited financial statements have to be added together to equal the total revenues and expenses listed on the IRS Form 990, either on Lines 12 and 17 of Part I or on Line a of Parts IV-A and IV-B, then an appropriate management representative of the organization (e.g. officer, director, trustee or chief financial officer) may provide an explanation of the calculation and categories used in arriving at the totals on the IRS Form 990.*
- *LFCC will not do calculations to reconcile information that must be complete on submission.*
- *Reconciliation statements that purport to reconcile a cash-based IRS Form 990 with an accrual-based audited financial statement will not be accepted.*
- *If the name of the organization is different than the name that appears on the IRS Form 990, organization must include official documentation from IRS or state government authorizing name change.*
- *Federal Tax ID Number must be included on IRS Form 990.*

8. Place a check in the one appropriate box:

- ☐ I certify that the organization named in this application has spent 25% or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is _____ percent (fill in blank), **OR**
- ☐ I certify that the organization named in this application has spent in excess of 25% of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is _____ percent (fill in blank) and this percentage is reasonable under the circumstances.

If percentage is greater than 25.04%, attach an explanation of the organization's management, general administrative and fund-raising expenses and formal plan to reduce expenses to 25% or less.

- Percentages must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing the total by "total revenue" (line 12). No other method can be used to calculate percentage.
- Failure to submit an acceptable explanation AND a plan for reducing expenses will result in a denial.
- Explanation must include a full discussion of the reason(s) the percentage exceeded 25%.
- The formal plan for reducing the percentage must relate to the explanation and must be reasonable under the circumstances. The plan must demonstrate that the organization has established a clear objective(s) as to how to reduce the percentages and has taken steps to implement the objective. The plan should include the timeframe during which it is anticipated that the percentage will be reduced to 25% or less.

Certifying Official's Signature: _____ **Date:** _____

9. I certify that the organization named in this application is directed by an active and responsible governing body whose members have no material conflict of interest and a majority of which serve without compensation.

Attach information on the terms of office for the organization's governing board's officers and members and the dates, times and places of their meetings.

- A copy of the organization's bylaws is not an acceptable substitute for specific terms of office.
- For each officer, list the length of the term of office and the beginning and/or ending date of the term of office.
- Information must be for the 2004 calendar or fiscal year.

Certifying Official's Signature: _____ **Date:** _____

10. I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.

Certifying Official's Signature: _____ **Date:** _____

11. I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, that these publicity and promotional activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

Certifying Official's Signature: _____ **Date:** _____

12. I certify that the organization named in this application effectively uses the funds contributed by federal personnel for its announced purposes.

Certifying Official's Signature: _____ **Date:** _____

13. I certify that the organization named in this application is chartered/incorporated under a governmental entity. This entity or state is _____. (*Fill in blank with name of state or entity*)

Certifying Official's Signature: _____ **Date:** _____

14. I certify that the organization named in this application has received no more than 80% of its total support and revenue from government sources.

- *Revenue from government sources must be computed from the IRS Form 990 by dividing line 1c by line 12.*
- *Medicare and Medicaid do not apply. Subtract any funds listed on IRS Form 990 line 93f on page 6 from line 1c. Divide this figure by line 12 (total revenue) to determine percentage.*
- *Organizations receiving over 80% from government sources are not eligible to participate in the CFC and will be denied by the LFCC.*
- *The LFCC is no longer authorized to waive this requirement. Organizations that received over 80% of their funding through government sources must submit a CFC application and appeal to the LFCC and make a final appeal to OPM. The OPM Director is the only person authorized to waive this requirement.*

Certifying Official's Signature: _____ **Date:** _____

15. I certify that the organization named in this application prepares and makes available to the public an annual report.

Attach a copy of the organization's annual report that covers a period ending on or after June 30, 2003 that includes a full description of organization's activities and supporting services and identifies its directors/governing body and chief administrative personnel.

- *A more frequently published document, such as a quarterly newsletter, may be used to meet this requirement provided it is available to the general public upon request and includes all the required information.*
- *Annual reports that contain only a description of mission and goals or historical information about services and activities without a defined timeframe are not acceptable.*
- *Regional or national annual reports are not acceptable.*

Certifying Official's Signature: _____ **Date:** _____

16. I certify that, as of the date that this application is submitted to the LFCC, the organization named in this application does not knowingly employ individuals or contribute funds to entities or persons on either the Department of Treasury's Office of Foreign Assets Control Specially Designated Nationals List (www.treas.gov/offices/enforcement/ofac/sdn/index.html) or the Terrorist Exclusion List (www.state.gov/s/ct/rls/fs/2004/32678.htm). Should any change in circumstances occur at any time, the organization will immediately notify the OPM Office of CFC Operations.

Certifying Official's Signature: _____ **Date:** _____

17. Complete and include with this application the attached Donor Brochure Information Sheet that includes a statement of 25 words or less that describes real services, benefits or program activities the organization provides.

- *Statement should describe real services, benefits or program activities the organization provides.*
- *Include percentage of total support and revenue that goes to administration and fund-raising expenses in parenthesis at the end of the statement (percentage will not count towards 25-word limit).*
- *Include telephone number that can be reached from any location in the United States (telephone number will not count towards 25-word limit).*
- *Statement should not repeat the organization's name but must include the legal name as registered with the IRS if the organization does business under a different name (legal name will not count towards 25-word limit).*
- *Organizations will be listed in the CFC donor brochure by their legal IRS recognized name as it appears on the IRS Form 990 unless official documentation from the IRS or state government authorizing name change is included with the application.*
- *All organizations must include their IRS Employer Identification Number regardless of whether or not they are operating under a "dba" (EIN will not count towards 25-word limit).*
- *If applicable, include Internet web page address where information on the organization can be obtained. LFCC will not be responsible for incorrect web page addresses (web page address will not count towards 25-word limit).*
- *E-mail addresses are not accepted.*
- *Special design text used to draw attention to an organization, such as special fonts, capitalization, quotations, and underlining are not allowed.*
- *Any statement that uses special features or exceeds 25 words will be edited by the LFCC.*

See sample 25-word statement below:

0000 Name of Organization 202-123-4567 www.opm.gov/cfc ("Legal Name of Organization, if applicable") IRS EIN #123456789 - The description should contain no more than 25 words. It should be worded so the donor understands the program services provided. (4.2%)

General Information:

- All application information and documents, such as IRS 501(c)(3) determination letter, annual report, IRS Form 990, audit, etc., must be specific to the applicant organization.
- Regional and/or national materials will not be accepted for local chapters.
- If eligible, both national organizations and their local affiliates may be listed in the CFC brochure. A national organization may waive its place on the national list in favor of its local affiliate. In this case, the local affiliate must include a copy of the letter from the national organization waiving its national listing with this application.
- Signatures of the certifying official must be original. No automatic pens or signature stamps may be used.
- Organizations that apply as a member of a federation must submit their application through the federation. Please do not send the unaffiliated application directly to the FEB. If two applications are received, the federation application will not be considered.
- For agencies that apply as a member of a federation, all correspondence and eligibility decisions will be sent directly to the federation. It is the federation's responsibility to notify their member agencies of the eligibility decisions in a timely manner to meet deadline dates. Please check often with your federation regarding your status.
- Federations must keep the applications of their member organizations on record for at least three (3) completed campaign years. The LFCC or OPM may request the full application of a member organization at any time.
- The LFCC will mail all correspondence and eligibility decisions directly to unaffiliated organizations that do not apply as a member of a federation.

- All required documents and attachments must be complete and submitted before the application deadline date. Applicants will not be permitted to correct or complete applications during the appeals process. Therefore, please use the attached check-off sheet to ensure your application is complete and the information is current.
- Mail or deliver completed applications and all back-up documents to the Federal Executive Board, 300 Ala Moana Boulevard, Room 8-125, Box 50268, Honolulu, Hawaii 96850 by **5:00 p.m. (Hawaii Standard Time) on FRIDAY, APRIL 15, 2005**. Applications postmarked by April 15 but received in the FEB office after that date are considered late.
- Faxes or electronic submission of applications will not be accepted.
- If you have any questions, please call the FEB at (808) 541-2637.

Public Burden Statement

We think this form takes an average of 3 hours to complete, including the time for getting the needed data and reviewing both the instructions and completing the form. Send comments regarding our estimate or any other aspects of this form, including suggestions for reducing completion time to Office of Personnel Management (OPM), OPM Forms Officer, Paperwork Reduction Project (3206-0131), Washington, DC 20415-7900. The OMB number 3206-0131 is currently valid. OPM may not collect this information, and you are not required to respond, unless the number is displayed.

2005 DONOR BROCHURE INFORMATION SHEET
Please provide the following information for the donor brochure:
Legal Name of Organization:
DBA (if applicable):
Address of Organization:
Telephone Number of Organization:
Web Site Address of Organization (if applicable):
IRS EIN #:
Percentage of Overhead and Fundraising:
Twenty-Five Word Statement:

2005 UNAFFILIATED APPLICATION CHECK-OFF SHEET

Organization:		
#1-16	Y / N	Certifications #1-#16 signed
#1	Y / N	Include description of "substantial local or statewide presence"
#2	Y / N	Include IRS determination letter granting 501(c)(3) status
	Y / N	Include documentation from state or IRS authorizing name change if name of organization differs from name on determination letter.
#4	Y / N	Include statement describing the human health and welfare services provided
#5	Y / N	Accounts for funds in accordance with GAAP (Annual revenue over \$100,000 <u>must</u> use accrual method of accounting. IRS Form 990 box "F" on page 1 must indicate accrual method. If annual revenues less than \$100,000 may use cash, modified cash or modified accrual methods of accounting.)
#6	Y / N	Revenue more than \$100,000 a year (See line 12 of IRS Form 990). If revenue less than \$100,000 a year no audit needed.
		Y / N Include audit
		Y / N Audit done by an independent CPA
		Y / N Audit done in accordance with generally accepted auditing principles (GAAP)
#7	Y / N	Audit covers fiscal period ending on or after June 30, 2003
		Include IRS Form 990 (If IRS Form 990EZ, 990PF and comparable forms are used, attach completed pages 1 and 2 of IRS Form 990)
		Y / N Form signed by officer or representative of organization on page 6 in block marked "signature of officer." Tax preparer's signature is not sufficient.
		Y / N Include Schedule A and all statements referenced in the form.
		Y / N Lists officers, board of directors, trustees and key employees and their compensation, if any (Part V on page 4).
		Y / N Form 990 covers same fiscal period as audit (fiscal period ending on or after June 30, 2003)
		Y / N Revenue/expense figures (lines 12 and 17) on Form 990 <u>identical</u> to audit revenue/expense figures. (LFCC will not do computations to reconcile information)
#8	Y / N	Y / N If revenue/expense figures on audit and Form 990 differ, amounts reconciled on IRS Form 990, Parts IV-A and IV-B (page 4) or in an accompanying signed statement by independent certified public accountant that completed the audit.
		Percentage of overhead filled in on application _____%
		Y / N Form 990 supports figure (Add lines 14 and 15 and divide total by line 12 on Form 990)
#9	Y / N	Y / N If over 25.04%, need written justification <u>and</u> detailed plan to reduce to 25% or less
		Include information on length of term and beginning and/or expiration dates of the terms of office for the organization's governing board's officers and members.
		Y / N Include dates, times and places of their meetings.
	Y / N	Information covers 2004 calendar or fiscal year.
#13	Y / N	Blank for entity or state filled in
#14	Y / N	Received no more than 80% of total support and revenue from government sources (Divide line 1c by line 12 on IRS Form 990)
#15	Y / N	Include annual report or newsletters to the general public
		Y / N Covers period ending on or after June 30, 2003
		Y / N Describes organization's activities and supporting services
		Y / N Lists names of directors and chief administrative personnel
#17	Y / N	Include completed Donor Brochure Information Sheet for organization